

MHN

RECEIVED

9-4-2008 LCW

SEP 04 2008

SEP 04 2008

MICHAEL W. DOBBINS

CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

JAMES SANDERS

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Todd Stroger

SALVADOR GODINEZ

John Doe

(08cv5036
(JUDGE ASPEN
MAG. JUDGE MASON

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

☒ **COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983**
U.S. Code (state, county, or municipal defendants)

☐ **COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE**
28 SECTION 1331 U.S. Code (federal defendants)

☐ **OTHER (cite statute, if known)**

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

- A. Name: JAMES SANDERS
- B. List all aliases: _____
- C. Prisoner identification number: 20080019601
- D. Place of present confinement: COOK COUNTY Jail
- E. Address: P.O. Box 089002 Chicago IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Todd Stroger
 Title: President of Cook County Board
 Place of Employment: COOK COUNTY BOARD
- B. Defendant: SALVAD GODINEZ
 Title: Executive Director
 Place of Employment: COOK COUNTY Jail
- C. Defendant: John Doe
 Title: DIRECTOR CERMAC HOSPITAL
 Place of Employment: CERMAC HOSPITAL

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: _____

- B. Approximate date of filing lawsuit: _____
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: _____

- D. List all defendants: _____

- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): _____
- F. Name of judge to whom case was assigned: _____

- G. Basic claim made: _____

- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): _____

- I. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Defendants, R, T, C, HAVE SUBJECTED ME TO CRUEL AND UNUSUAL PUNISHMENT THROUGH WILLFUL NEGLECT. I ENTERED THE INSTITUTION ON MARCH 20th 08, WAS SEEN BY DOCTOR IN INTAKE, AND THERE AFTER RECEIVED MEDICATION, GIVEN ME BY THE DOCTOR. ON 3-25-08 AT THAT TIME, I HAD NO PROBLEMS OF A MEDICAL NATURE, ONLY HIGH BLOOD PRESSURE. AFTER ONE MONTH OF DAILY USE OF MEDS, GIVEN ME A RASH OF SORES DEVELOPED, I WENT TO THE DISPENSARY THE DOCTOR THEN GAVE ME SOME OINTMENT, AND, CREAM, ALSO, A SOLUTION FOR THE RASH. AFTER USING THE OINTMENT AND CREAM FOR A TIME, I NOTICED A CHANGE IN MY SKIN TONE. I BECAME TO ITCH ON MY LEGS ARMS, BACK NECK, ALL THESE PLACES WERE TURNING BLACK. I WAS HAVING A BAD REACTION, BECAUSE OF THE WRONG MEDS AND OINTMENTS GIVEN ME AT THIS TIME, I AGAIN WAS SEEN BY A DOCTOR, I TOLD HIM THE OINTMENT & CREAM WERE NOT HELPING, I THINK A SKIN CULTURE SHOULD HAVE BEEN MADE, SO SOMEONE WOULD KNOW WHAT MEDS TO GIVE ME. BUT NO CULTURE WAS EVER ORDERED. DOCTORS AT THE DISPENSARY NEGLECTED THEIR DUTY,

by NOT HAVING THE CULTURE DONE. AT THIS DATE 7-18-08 I STILL SUFFER WITH THE RASH. I WAS TOLD BY A NURSE THAT I SHOULD HAVE COVERED MATTRESS TO SLEEP ON, SHE SAID THIS TYPE OF CONDITION COMES FROM FILTY CONDITIONS, I EXPLAINED TO HER I HAVE NO CHOICE, SHE SAID STAY OUT OF JAIL. FINALLY AFTER THE RASH HAS AFFECTED A MAJOR PART OF MY BODY THE MEDS WERE STOPPED. I STATE THE CLAIM THAT THESE CONDITIONS ARE CRUEL AND UNUSUAL UNDER WHICH WE LIVE AT THE COOK COUNTY JAIL, AND THE MEDICAL DEPARTMENT IS BASICALLY A TOWN OF WHAT IT SHOULD BE, ITS LACKING IN PROFESSIONAL HELP COMBAT THIS OVER RAN JAIL. AND NEGATIVE SIDE EFFECTS THE RESULTS ARE VERY POOR SERVICE LEADING TO SERIOUS NEGLECT, AND, CRUEL AND UNUSUAL PUNISHMENT I SUFFERED AS A COOK COUNTY JAIL DETAINEE AWAITING TRIAL. I AM 68 YEARS OLD AND HAVE DONE NOTHING WRONG TO DESERVE THIS. ALL DEFENDANTS ARE RESPONSIBLE FOR THE BREAK DOWN OF TREATMENT THAT LEAD TO MY MEDICAL DAMAGES.

THANK YOU

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I ASK the court to order Defendants to pay
 \$ 750,000⁰⁰ Each in punitive DAMAGES. AND
 \$ 450,000⁰⁰ Each in compensatory DAMAGES.
 Also court cost filing fees and attorney fees

THANK YOU

VI. The plaintiff demands that the case be tried by a jury. ☐ YES ☒ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 8 day of July, 2008

James Sanders

(Signature of plaintiff or plaintiffs)

JAMES SANDERS

(Print name)

20080019601

(I.D. Number)

P.O. Box 089002

Chicago IL 60608

(Address)